PTO/SB/22 (08-03)
Approved for use through 7/31/2006. OMB 0651-0031

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| Under the Paperwork Reduction Act of 1995,   |  | to respond to a collection o | f information | tice; U.S. DEPARTMENT OF COMMERC<br>unless if displays a valid OMB control numb<br>ket No. (Optional) |  |  |  |
|--|--|------------------------------|---------------|---|--|--|--|
| PETITION FOR EXTENSION O   |  | 282172000404                 |               |   |  |  |  |
|  | In re Application of Derek J. HEI et al.   |                              |               |   |  |  |  |
|  | Application Number Fil   |                              |               | Filed   |  |  |  |
|  | 10/016,323   |                              |               | December 10, 2001   |  |  |  |
|  | For: ADSORBING PATHOGEN-INACTIVATING COMPOUNDS WITH POROUS PARTICLES IMMOBILIZED IN A MATRIX |                              |               |   |  |  |  |
|  | Art Unit   | 1651 Examiner D. I           |               | er D. M. Naff   |  |  |  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.   |  |                              |               |   |  |  |  |
| The requested extension and appropriate appropriate and appropriate appropriat | priate non-small-e   | ntity fee are as follo       | ws (chec      | k time period desired):   |  |  |  |
| One month (37 CFR 1.1  | \$   |                              |               |   |  |  |  |
| Two months (37 CFR 1   | \$   |                              |               |   |  |  |  |
| Three months (37 CFR   | \$   |                              |               |   |  |  |  |
| Four months (37 CFR 1  | \$   |                              |               |   |  |  |  |
| x Five months (37 CFR 1.   | \$ 2,010.00  |                              |               |   |  |  |  |
| Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is  |  |                              |               |   |  |  |  |
| reduced by one-half, and the resulting fee is: \$  |  |                              |               |   |  |  |  |
| A check in the amount of the fee is enclosed.  |  |                              |               |   |  |  |  |
| Payment by credit card. Form PTO-2038 is attached.   |  |                              |               |   |  |  |  |
| The Director has already been authorized to charge fees in this application to a Deposit Account.  |  |                              |               |   |  |  |  |
| The Director is hereby authorized to charge any fees which may be required, or credit any  |  |                              |               |   |  |  |  |
| overpayment, to Deposit Account Number 03-1952  Have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this   |  |                              |               |   |  |  |  |
| submission in duplicate.   |  |                              |               |   |  |  |  |
| I am the applicant/inventor.   |  |                              |               |   |  |  |  |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |  |                              |               |   |  |  |  |
| attorney or agent of record. Registration Number   |  |                              |               |   |  |  |  |
| attorney or agent under 37 CFR 1.34(a).  |  |                              |               |   |  |  |  |
| Registration number if acting under 37 CFR 1.34(a)   |  |                              |               |   |  |  |  |
| April 30, 2004  Date  April 30, 2004  Bignature  |  |                              |               |   |  |  |  |
| (650) 813-5832   |  | _                            | •             | es D. Holland   |  |  |  |
| Telephone Number   |  |                              | Typed o       | or printed name   |  |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below   |  |                              |               |   |  |  |  |
| X Total of 1   | forms are submit   | ted.                         |               |   |  |  |  |
|  |  |                              |               |   |  |  |  |

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